

CUSTOMER AUTO QUOTE - FACT SHEET

Name..... Address..... Phone..... EMAIL ADDRESS..	
Currently Insured? Own/ Rent??.....	

NAME	dob	SEX	Married State	Age Lic.	SS #	Op #	Gd St.	Drvr . Ed?

# of Years at Current Address?	# of Years at Current Job?
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Accidents or Tickets in Last Five Years?	MISC INFO
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YEAR	MAKE	Model	# DR.	# CYL.	Use	# Miles Per Day	ALARM	ABS	AB

Vehicle Identification number (VIN is 17 characters)

Vehicle #1

Vehicle #2

Vehicle #3

Vehicle #4

TOWING COVERAGE: _____

RENTAL COVERAGE _____

COVERAGES:

Bodily Injury	20/40	25/50	50/100	100/300	250/500
Prop. Damage	10	25	50	100	250
Uninsured M.	20/40	25/50	50/100	100/300	250/500
Medical Paymts	None	1,000	2,000	5,000	

COMP: 100 250 500 1,000 Full Glass Y / N

VEH# 1: _____ VEH# 2: _____ VEH# 3: _____ VEH# 4: _____

COLLISION: 100 250 500 1,000

VEH# 1: _____ VEH# 2: _____ VEH# 3: _____ VEH# 4: _____

TOWING COVERAGE: _____

RENTAL COVERAGE _____